	12514	CERTIFIC	ATE OF DEATH		Reg. Dist. N	120	10
1. PLACE OF DEATH o. COUNTY	GARRETT	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If in		fore admission) RETT	
b. CITY OR TOWN (If or RURAL and give near	utside corporote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	etside corporate limits, w	rite RURAL and give n	earest town)	
OP INISTITUTION	(If not in hospital, give street of NTY HELORIAL H.		d. STREET ADDRESS			e. 15 RESIDEN ON A FAR YES NO	SW5
3. NAME OF DECEASED (Type or print)	CLARENCE	Middle ARCHIBAI	LD BOWMAN	4. DATE OF DEATH NO	Month E WEMBER 2	Doy Year	58
5. SEX 6	. COLOR OR RACE 7. MARR		8. DATE OF BIRTH 7/9/1894	9. AGE (In) lost birthe	years IF UNDER 1 YEAr doy) Months Doys		HRS.
10a. USUAL OCCUPATION during most of working SERVICE 13. FATHER'S NAME	life, even if retired)	KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (Stole of WEST V.	IRGINIA	12. CITIZEN	OF WHAT COL	JNTRY
	OHN R. BOWMAN		14. MOTTER 3 MAIDER IA		HABEER		
	N U. S. ARMED FORCES? 16. 1999, give wor or dates of service)	SOCIAL SECURITY NO. 17.	MRS. THOMAS	FRALEY	Address CRELLIN.	MARYLA	ND
PART I. DEATH	nediole (DUSTO	Bruchier Therma Ton	rio Brin Tasis - Jaillinite	dual		ogas	
PART II. OTHER 49/X 20a. ACCIDENT WAS I OR CONTRIBUTING [] (If EITHER, NOTIFY ME	UNDERLYING [] 20b. DESC		T NOT RELATED TO THE TERMIN			PERFORME	OPSY D? O
20c. TIME OF INJURY Hour o. m. p. m.		_ Not while _ fe	LACE OF INJURY (Home, form, actory, street, office bldg., etc.)	20f. (City or town)	(County	<i>(</i>)	Stote)
actual SIGNATURE	Lattended the decease Nav. 19 Colored E. MANCE	and that death	h accurred at 3:55	BM, fram the caus DORESS (Street, city or the CALLAND)	ses and an the d	ate stated of DATE S	obov
220. BURIAL, CREMATION, REMOVAL (Specify)		22c. NAME OF CEMETERY		226. LOCATION (City, 16 Terra Alta	own, or county)	(Stole)	
23. FUNERAL DIRECTOR'S S	IGNATURE	ADDRESS	240. REC'D	BY REGISTRAR 24b.	REGISTRAR'S SIGNAT	URE	

VS A15 (4) 15M 10/57

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	Andrew Co.		
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_								Keg. Dis	t. No.		
1.	PLACE OF DEATH	ett	MARYLAND	2.	usual residence (who	ere decease	d lived. If institution b. COUNTY	on: Residence	e before	admissi	on)
	b. CITY OR TOWN (I	If outside corporate limits, write earest town) 2.nd	c. LENGTH OF STAY IN 16 1 Month	×	c. CITY OR TOWN (IF or Rural	utside corpo				est town	
	d. NAME OF HOSPIT OF INSTITUTION EVANS	Nursing Home	et oddress)	1	2 M1. We	est S	Swanton,	Md.		ON A	FARM?
3.	NAME OF DECEASED (Type or print)	Mary	Middle Susan		Davis	4. DATE OF DEATH	Noven	_	21,		ear 9 58
5.	Female	187% - 2 4	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. D.	t. 10, 18"	70	9. AGE (In years last birthdoy) 88 yrs.	Months Months		Hours	R 24 HRS. Min.
10c	House W	ON (Give kind of work done 1(in polite, even if retired)	Own Home	DUSTRY	Maryland	-	ountry)		S.A		COUNTRY
13.	John S	Sharpless		14	Lucinda	_	s				
		R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		INFO	RMANT Elva Paug	gh	Swant		Md.	R	. D.
MOIT	Conditions, if an gove rise to it couse (o), stoting lying cause lost. PART II. OTHER	mmediate the under-	Arterioscle scontributing to DEATH BI	UT NOT	tic Cara	VAL DISEAS		SEZSO		PERFOR	RMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING (206. D	ESCRIBE HOW INJURY OCCUR	RED. (E	nter nature of injury in Pr	art I or Por	t II of item 18.)			YES [NO D
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Year 20d 19 Whi	le Not while	PLACE (OF INJURY (Home, farm, street, office bldg., etc.)	20f. (City	or town)	(C	ounty)		(State)
	actual Signature	ibert H.	sed from June 58, and that dea ighton, M.	th acc	curred of SUP.	M, from	the causes a reet, city or town!	nd on the store)		state	
220	BURIAL, CREMATIO	N. 226. DATE THEREOF 11/24/1958		Cem		nd loca Gari	ett Cou	nty,	Md	(Stote)
23.	PUNERATIDIRECTOR	S SIGNATURE	ADDRESSOAklar	nd.	Md 240. REC'D	BY REGIST		TRAR'S SIG	NATURE		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 9/55

	MARYLANI	STATE DEPARTM	ENT OF HEALT	H-BALTI	MORE, 1	8		
	12516	CERTIFICA	ATE OF DEAT	Н		Reg. Dist. No	125	15
1. PLACE OF DEATH g. COUNTY	Garrett	MARYLAND	2. USUAL RESIDENCE (M	here deceased live	ed. If institutio b. COUNTY	ni Residence befo	ore admission	in)
b. CITY OR TOWN (I	foutside corporate limits, write arest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	•	limits, write RU	IRAL and give ne	earest town)	
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give stree Second St.	t address)	d. STREET ADDRESS	St.			e. IS RESID	FARM?
3. NAME OF DECEASED (Type or print)	Jean Livin	gston Englar	nder	4. DATE OF DEATH	Mont	20	3.	eor 958
5. sex Female	nite	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. /	AGE (In years ast birthday) 37 yrs.	Months Days	Hours	Min.
100. USUAL OCCUPATION during most of work housewif 13. FATHER'S NAME	ing life, even if retired)	o. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State Long Con:	ing .a.	γ)	USA	OF WHAT	OUNTR
John	. Jackson		Mabel H		ackson			
	R IN U. S. ARMED FORCES? [If yes, give wor or dates of service]		MFORMANT Linton Eng.	lander	Oakla			
Conditions, if or gave rise to it cotse (a), stating lying cause lost.	mmediate (Parcinon	ra g	breas	t		2 m	ent
CATIC		CONTRIBUTING TO DEATH BUT				N IN PART 1(0)	PERFOR	MED?
4	S UNDERLYING 20b. DI CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Part II o	of item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	Whi		ACE OF INJURY (Home, far ctory, street, office bldg., et	m, 20f. (City or	lown)	(County)		(Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Joseph la	De, and that death	w.0845t.	ADDRESS (Street	ne causes a		ate stated	deceased abavers signs
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREOF	Oakland Ce	enetery	22d. LOCATION	4 4	r county)	(State)	
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	24a. REC	D BY REGISTRAR		TRAR'S SIGNATU	IRE	
Gerald N.	innica Oa	akland laryla	na pate	8 58	Collection	· F House		

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AL EXAMINER: This certificate should be executed within 24 hours ofter deoth. If ony detoy is necessary, please exect, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your.	ge
S.E. S	Pa
E L	.: ::
O. P.	5

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12517

12516

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Insti 8. b. COUN				
b. CITY OR TOWN IIf outside corporate limits, write RURAL Blooming ton-rural	c. LENGTH OF STAY IN 16	c. city or town (I Beryl	f cutside corporale limits, writ	RURAL and give	nearest tawn)		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp 2 Mi. W. of Bloomington		d. STREET ADDRESS			IS RESIDENCE ON A FARM? YES NO NO		
3. NAME OF PICEASED (Type or print) Garland	Ray Fe	lost	4. DATE Mon OF DEATH NOV.	th 19	1958		
S. SEX Male 6. COLOR OR RACE 7. MARRIE WIDOWED	DIVORCED	Oct. 7, 192	7.0	Months Days	R IF UNDER 24 HRS. Hours Min.		
10c. USUAL OCCUPATION (Give kind of work done 10b. Kind of work done 10b. Kind of working life, even if retired) Liaborer	or Mill	W. Va.	ar fareign country)	U.S.	OF WHAT COUNTRY?		
Dayton A. Feaster		14. MOTHER'S MAIDEN Pearl	NAME Burgess				
(Ver an agreement) a life was also uses as deter of coming	66-28-0054 M		Addres Feaster-Beryl-				
18. CAUSE OF DEATH [Enter only one couse per line for part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	or (o), (b), and (c).] cured Skull			10	interval setween onset and death Immediate		
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	en Neck				MEDIATE		
PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION GI	VEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO		
	another tree	which struck	woods, the log the deceased	being p	oulled		
S 20c. TIME OF INJURY Month, Day, Year 20d. It	HILIPY OCCUPRED 200 PLAC	E OF INJURY (Home, formany, street, office bldg., etc.)	m 1906 (City or town)	(County) nington G	(Stote)		
21. I certify that I took charge of the redeath resulted fram: Natural causes			, and find that				
ACTUAL arnew In. Les	ster . Ja.	_M.D. CHIEF MEDICAL E	t-all		DATE SIGNED		
NAME (Type) James H. Feaster,	Jr., MD(ACTINO			11-19-	58		
=REMQVAL (Specify)	22c. NAME OF CEMETERY OR Philos	CREMATORY	22d. LOCATION (City, town, Westernport		(State) Md.		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Westernport, N	18	D BY REGISTRAR 24b. REG	ISTRAR'S SIGNAT	URE		

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RTARK		PRINCIPLE STANISHED	1 12517
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			Soldwin St. Barri
			AND AND DESCRIPTION OF THE PARTY OF THE PART

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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12518 CERTIFICATE OF DEATH

Reg. Dist. No. 2517

)	June 1							
	b. CITY OR TOWN (If outside corp RURAL and give nearest tawn)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
7	Oakland		4 Hrs.,22 mir	. X Friend	dsville			
	d. NAME OF HOSPITAL (If not in OR INSTITUTION Garret County 1			d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO N	
	3. NAME OF DECEASED (Type or print)	First thel	Middle Lila	Lost Fox	4. DATE OF NOVET		Pay Yeor 58	
	female Whi		DIVORCED	8. DATE OF BIRTH December 25	9. AGE (In year last joirthday	Months Day	AR IF UNDER 24 HRS. Hours Min.	
1	10a. USUAL OCCUPATION (Give kind during most of working life, ever housewife		kind of Business or Indu	STRY 11. BIRTHPLACE (Stote Florid			OF WHAT COUNTRY?	
	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
	James B. Gre	enwood		Carr	ie Hettler			
	15. WAS DECEASED EVER IN U. S. AF	MED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	A	ddress		
	(Yes, no, or unknown) (If yes, give war	or digres or service)	NO 240 FE PO GO	Wilbur G. Fo	x Friend	dsville,	Md	
	18. CAUSE OF DEATH [Enter o PART I. DEATH WAS CAL IMMEDIATE	JSED BY:	e for (0). (b). and (c).]	atory Fo	ailure		NTERVAL BETWEEN NSET AND DEATH To Has	
	Conditions, if any, which gove rise to immediate couse (o), stating the <u>under-lying</u> cause lost.	gove rise to immediate couse (o), stating the under-						
)	NonE	ANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO	
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Part II of item 18.)			
	20c. TIME OF INJURY Month, Hour a. m. p. m.	While	NOT while at work	ACE OF INJURY (Home, form ctory, street, affice bldg., etc	n. 20f. (City or town)	(Count	y) (State)	
i	21. I certify that I attend	ded the decease	ed fram. Nov. 1	0 , 1958, ta 1	12 11 19:	Pthat I last	saw the deceased	
	alive an /1////		R, and that death					
-	ACTUAL SIGNATURE Pech	D		M.O. Frenda	ADDRESS (Street, city or tow		DATE SIGNED	
1	PHYSICIAN'S NAME (Type) Dr	. Pedro R	ivera, M.D.	Friendsvi	lle, Maryland	i x	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
	220. BURIAL, CREMATION, 22b. DAT	13/1958	Blooming R	ose Cemeter	y, near Fr	lendsvi	Lle (Stote) Md.	
	23. FUNERAL GIRECTOR'S SIGNATURE	Elon	ADDRESS Oakla			GISTRAR'S SIGNAT		

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VS A1S (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12519

CERTIFICATE OF DEATH

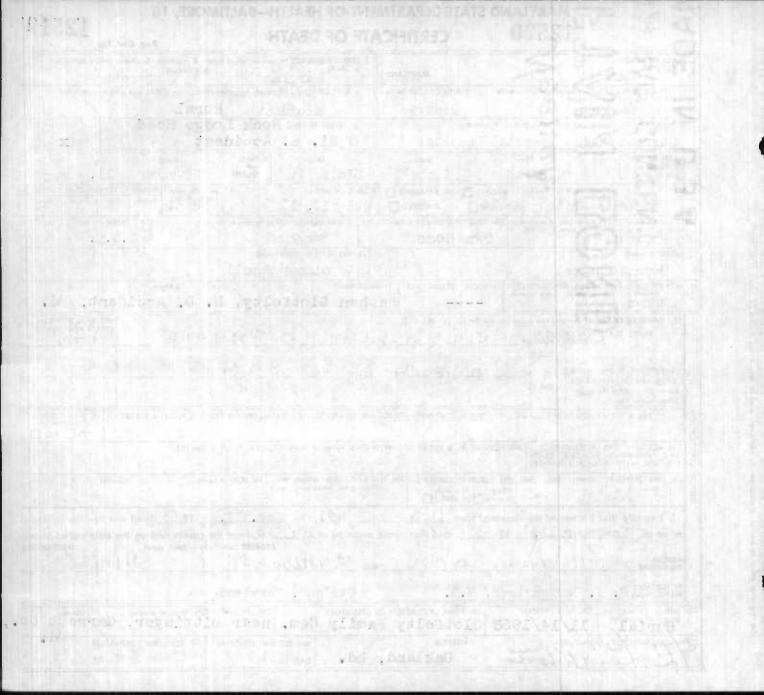
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								wedt nin	. 140.	
1. PLACE OF DEATH o. COUNTY	arrett		MARYL		. USUAL RESIDENCE (WI	here deceased	lived. If institution b. COUNTY		e before ad	mission) Allea
b. CITY OR TOWN RURAL ond give Oakland	(If outside corporate limit nearest town)	ts, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (IF o	outside corpor	ote limits, write RU			lown)
OR INSTITUTION	PITAL (If not in hospitol, g N Nursing Home		A		d. STREET ADDRESS				0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Stella Fir	st	Middle Ellen	(losi Sentry	4. DATE OF DEATH	Nov.	h	Doy 17	Yeor 1958
5. SEX Female	6. COLOR OR RACE White	7. MARR	NEVER MARRIES		April 2, 18	388	9. AGE (In years last birthdoy) 70 yrs.		YEAR IF U	NDER 24 HRS. Wrs Min.
10a. USUAL OCCUPAT during most of we	TION (Give kind of work of orking life, even if retired)	done 10b.	KIND OF BUSINESS OR	INDUSTR	W. Va.	or foreign co	untry)		S.A.	HAT COUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
WILLI	am Turner				Mary Blizze	rd				
15. WAS DECEASED EN	VER IN U. S. ARMED FOR (If yes, give war or dates of se		SOCIAL SECURITY NO.	Mrs.	Stanley Mu	ir-Wes	Addresternport			
PART I. DI Conditions, if gove rise to couse (o), stotin lying couse loss	immediate g the under-	lan	Cinfina) &	V leteru	N			ONSET A	L BETWEEN ND DEATH
3	Machine Blying I	reli	SW					EN IN PART	PE	AS AUTOPSY RFORMED?
OR CONTRIBUTION	WAS UNDERLYING AGE CAUSE OF DEATH FY MEDICAL EXAMINER)	200. DES	CRIBE HOW INJURY OC	CUKKED. (Enter nature of injury in	ron i or ran	II of item IB.)			
ZOc. TIME OF INJU	10	White	Not while	20e. PLACE factor	OF INJURY (Home, form y, street, office bldg., etc	20f. (City	or town)	(Co	ounty)	(State)
21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the Law, 12 Bail. E. I. BAVA	decease , 19-5	ed from March 2,, and that of Inc. BTNER	M.C	25 ALD	ADDRESS (SI	the causes and seet, city or town, so T.	nd an the	e date st	he deceased lated abave DATE SIGNED
220. BURIAL, CREMATI	7) 11/20/58	F	Philos Cen		REMATORY	West	on (City, town, o	r county)		Stote) /[d.
23. FUNERAL DIRECTO	R'S SIGNATURE	West	ADDRESS ternport, M	d.		D BY REGISTI		TRAR'S SIGI		

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I AL OR ALIENDING PRINCIAN: The law requires that the death certificate be executed within 24 haurs after death. Tage 4		ECTOR: After this certificate has been signed by the attending physician and campletely filled it the funeral director,	show be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 a should be filed with	1
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2	retained by the hospital ar attending physician.		3	strar priar to burial, cremation, ar remayal, and in any event within 72 haurs after death.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12520 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Garrett Garrett Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 2 days Rural Oakland Accident d. STREET ADDRESS Rock Lodge Road d. NAME OF HOSPITAL (If not in hospital, give street address) ON A FARM? OR INSTITUTION Mi. S. Accident Garrett County Memorial Hospital YES NO NAME OF 4. DATE Middle Last Yeor Day DECEASED Tsabelle Glotfelty November 58 Sarah DEATH 11 (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH last birthdoy)
yrs. Months Days July 18, 1875 Female White WIDOWED M DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Own Home Maryland Housewife. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sidney Hamill Truman Casteel 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Nathan Glotfelty, R. D. Accident, Md. Unknown 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: REUL ATORY IMMEDIATE CAUSE (o) DUE TO ARCINO MA OF SIGMOID COLON Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 0 PERFORMED? YES NO T 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item IB.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased fram PUG 1951, ta Nov. 11. 1958 that I last saw the deceased and that death accurred at 10:35AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL NAME (Type) E. I. Baumgartner, M.D. Oakland, Maryland may be TO FUNER page 3 s the regist BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) near Bittinger. Glotfelty Family Cem. 1958 23 FUNERAD DIRECTOR'S SIGNATURE-**ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Oakland, Md. DATENOV 1 3 '58 arthur S. Kraus 1SM 10/57



VS A15 (4)

1SM 10/S7

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
عن	12521 CERTIFICATE OF DEATH Reg. Dist. No.
be filed with	1. PLACE OF DEATH o. COUNTY Garrett 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTGarrett Maryland.
funer old be g	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
should	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1 M1. S. Crellin, Md. d. STREET ADDRESS 1 M1. S. Crellin e. IS RESIDENCE ON A FARM? YES 3 NO
es 1 o	3. NAME OF DECEASED (Type or print) William Franklin Graham OF NOVember 15, 1958
completely filled popers. Pages 1 oth.	S. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH
and comp bon pape or death.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nettred Farmer 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) West Virginia 12. CITIZEN OF WHAT COUNTR U.S.A.
ng physician and camplets remove carbon papers. 72 hours ofter death.	13. FATHER'S NAME Elcane Graham 14. MOTHER'S MAIDEN NAME Martha Kelly
ng phys 72 hour	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Gladys Shaffer Crellin, Md.
the ottending Then please a event within 72	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONSET AND DEATH
gned by	Canditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse lost. (b) DUE TO
be of .	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
ending pl ficate hos the burio	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ol or att	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. Haur a. m. 19
TOR: After to detoched for to burial, cr	21. I certify that I attended the deceased from May 17, 1947, to 15, 1947, that I last saw the deceased alive an Och 2, 1958, and that death accurred at 2:53PM, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGN

(County) (State) that I last saw the deceased d an the date stated above. DATE SIGNED Oakland, Md. PHYSICIAN'S Andrew E. Mance, M. D. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 18/1958 Oakland Cemetery Oakland. Maryland. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Oakland, Md. DATE 01 1 9 '58 Cirthur S. Krous

12520

Hours 12. CITIZEN OF WHAT COUNTRY?

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The second code and the second code is	e Fernanda			
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Cartend, Max = City		.00, 11,00	dat .	
a very and a contract of			agr\s	
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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12522

CERTIFICATE OF DEATH

	CERTIFICA	TIE OI PEATI	•		Reg. Dist. N	0.	
1. PLACE OF DEATH o. COUNTY Gerrett	MARYLAND	2. USUAL RESIDENCE (Who s. STATE Maryland	ere deceased live	d. If institution b. COUNTY	Garret		on)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Grantsville. Md.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		imits, write RU	URAL and give n	earest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	ddress)	d. STREET ADDRESS					DENCE FARM? NO 13
3. NAME OF First DECEASED (Type or print) TOHN	Middle HTA	Lost Lost	4. DATE OF DEATH	Mon			reor
V C-37-C1	***	B. DATE OF BIRTH	9. A	GE (In years	IF UNDER 1 YEA		
Male White WIDOWED	DIVORCED [Sept. 18,1	881 7	st birthday)	Months Doys	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Sawmiller	ame	Cove Gar		202	12. CITIZEN	OF WHAT	COUNTRY
13. FATHER'S NAME	8 and	14. MOTHER'S MAIDEN N		Jog Pao	U a	O a S a	
Charles L Hamft			rgeret	Swart	. Z.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SI (Yes, no or unknown) (II yes, give wor or dates of service)	10/ 2.02	nformant rs. Ella He	Nft. Gr	Addr		Md.	
gove rise to immediate couse (a), stating the under-	Cerebrovas	cular accid		ease		TERVAL BE ISET AND DOA	
Iying couse lost. (c)					EN IN PART 1(o)	PERFO	AUTOPSY RMED?
	JURY OCCURRED 20e. PL Not while fo	D. (Enter nature of injury in F ACE OF INJURY (Home, farm clory, street, office bldg., etc.	20f. (City or to		(County	')	(Stote)
21. I certify that I attended the deceased fram. October, 1955, to Nov. 5, 1958, that I last saw the deceased alive an Nov. 5, 1958, and that death accurred at 2:30PM, fram the causes and an the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED PHYSICIAN'S NAME (Type) A PATCH STRONG MD CRANTSVILLE MD							
220. BURIAL, CREMATION, REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION			(Stote	2)
23. PUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'I	BY REGISTRAR	The same of the sa	GERRATS SIGNATI	JRE	* > ****

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	William Alberta			

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INSTRUCTIONS

TO ATTEN

12525

CERTIFICATE OF DEATH 12526

Reg. Dist. No.

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
	COUNTY GARRETT MARYLAND	STATE Med COUNTY Sta	utt
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this piece)	CITY (II outside corporale limits, write RURAL and give neere	st town)
	TOWN Friendsville 10 yrs.	X TOWN - freedwelle	ma
	HOSPITAL OR INSTITUTION OR	STREET (If rurel give locellon)	
0	STREET ADDRESS		elel
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Yeer)
7	(Type or Print) / ARTHA SA	Z MANN DEATH NOV	11/ 1958
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED,		
H	F WHITE (Specify) Window MAY-	6- 1883 75 77 yrs. Months	Deys Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
	retirad) House Keeker Travere	md.	W.S.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
-	· Nat Known - None	amanda Uniber	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17 INFORMANT & ADDRESS	L - L10
	(Yas, no, or unk.) (If Yas, give war or datas of service)	George Fike Itazeli	on Mi
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION ()	INTERVAL BETWEEN ONSET AND DEATH
	Cardioses high	tom Failure	
	ANTECEDENT CAUSE (A) Canada Caspular		
	DISEASES OR CONDITIONS, IF ANY, (B)	clusion	
	STATING UNDERLYING CAUSE LAST. DUE TO	0	
	(c) Congena le	tous	
0	TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	The Date of Orekanon		YES NO
	216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	c. WHERE DID INJURY OCCUR? (City or town) (County	(Stata)
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while	1f. HOW DID INJURY OCCUR?	
	M. et work at work,	, , , , , , , , , , , , , , , , , , , ,	
1	22. I hereby certify that I attended the deceased from 11/8/	, 19.57, to 11/10, 19.58, that I le	ast saw the deceased
1	alive on 11/10/18, 19.55 and that death occurred at.		above.
10M	SIGNATURE	ADDRESS (Streat, city, town, stete)	DATE SIGNED
.53	A.D. MIDIAL CREMATION LATE TURNES AND AND THE CONTROL OF CONTROL O	TRIENDOUME, NId.	11-11-20
U U	23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR	REMATORY LOCATION (City, town, or county)	Mera (State)
\ \ \ \	Dukeaf 11-14-20 Thebro Che	apel. Cem Migellon,	
>	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FÜNERAL DIRECTOR'S SIGNATURE	DORESS
	DAMOV 1 7 '58 Calling & House	11511 odahaver - Mark	Leysburg Ta

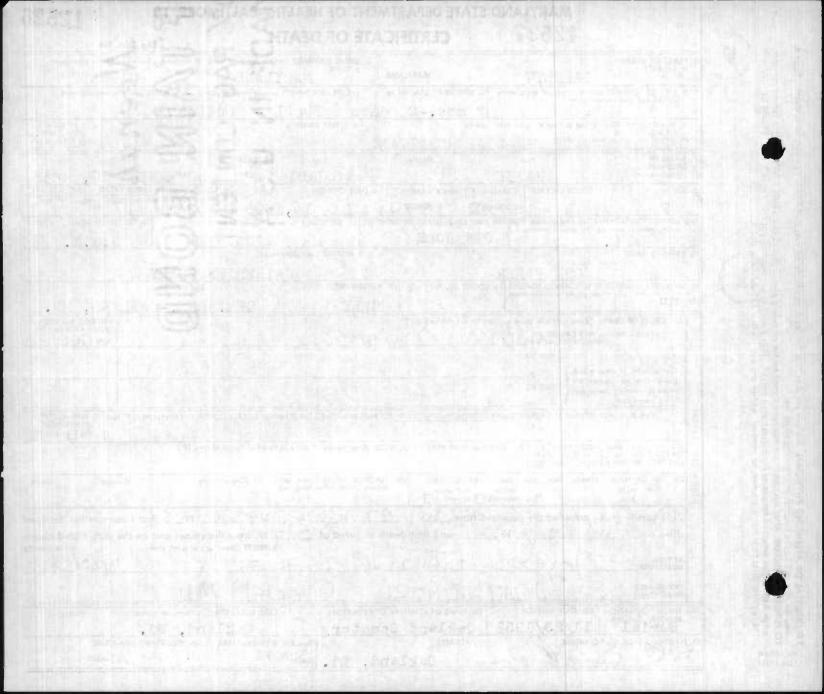
DI BROKE JASHTIAN O TRANSPORT TELASESTELLY CERTIFICATE OF DEATH M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12527

CERTIFICATE OF DEATH

Dam Dies Ma

								Keg. Dist	. 140,
o. COUNTY	CADDEMM		MARYLANI	I o ST	TE	36 9 Jones	l lived. If institution b. COUNTY	7.5	e before admission)
	GARRETT					LAND			RRETT
B. CITY OR TOWN RURAL and give r	(If outside corporate limi nearest town)	is, write	c. LENGTH OF STAY IN 1	c. CII	Y OR TOWN (If a	outside corpor	rote limits, write R	URAL ond gi	ve nearest town)
C	AKLAND		2 mos24	days	RURAL	, - (DAKLAND	2 14	
OR INSTITUTION					REET ADDRESS	55.6		7 ,23	e. IS RESIDENCE ON A FARM?
GARRETT	COUNTY ME	MOR.	IAL HOSPITA						YES NO
NAME OF DECEASED (Type or print)	Fir EN	ZIE	Middle		SAUCER	4. DATE OF DEATH	NOVE		Doy Yeor 20, 1958
. SEX	6. COLOR OR RACE		RIED NEVER MARRIED	T			9. AGE IIn years	IF UNDER 1	YEAR IF UNDER 24 HRS.
ਜ	TAT	WIDOW	ED TO DIVORCED	ADD	TI. 16.1	896	lost birthdoy) 62 yrs.	Months D	Days Hours Min.
On USUAL OCCUPATI	ON (Give kind of work		KIND OF BUSINESS OR IN	DUSTRY 11 F		or foreign co		12 CITIZ	ZEN OF WHAT COUNTRY
during most of wo	rking life, even if retired)	OWN HOME		WEST	VTRGI			U.S.A.
, FATHER'S NAME				14. MO	THER'S MAIDEN	NAME			
	JOHN BA	KEP		10 8 14	CA	THERI	NE PERI	2V	
S. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	. INFORMAN		TIPIL	Add	-	
Yes, no, or unknown	(If yes, give war or dates of s			CETE		CIEN			ANTO NATO
			4 11 11	SELF		GEN	La Dichea	-OAKL	
	ATH [Enter only one co ATH WAS CAUSED 8Y:	ouse-per li	ne for (o), (b), and (c).		71				ONSET AND DEATH
PARI I. DE	IMMEDIATE CAUSE (o	1 24	CAIN TI	MO	K				6(46,
23/X	DUE TO	-							
Conditions, if	ony, which) (b								
gove rise to	immediate (
lying couse lost.	The Under-								
	, (c		CONTRIBUTING TO DEATH I	LIT NIOT PELA	TED TO THE TERM	INIAI DICEACE	COMPITION CIT	70 10 10 10 10 10 10 10 10 10 10 10 10 10	NAC ALITOREY
120 11. 01	THER STOTAL COLO	01110143	CONTRICOTING TO DEATH	OT NOT KEEN	TED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PARI	PERFORMED?
									YES NO
OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCCUI	RED. (Enter n	ature of injury in	Port I or Part	II of item 18.)		
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Yes		NJURY OCCURRED 20e.	PLACE OF IN	JURY (Home, form	n, 20f. (City	or town)	(Co	ounty) (State)
Hour o. m. p. m.	19	While of wor	Not while	roctory, street	, office bldg., etc				
				27	TI V	10,00	2 0	/	
ZI. I certify	hat I attended the		-0	4-1-, 19	77-10-	1000			ost saw the deceased
alive on	MO 70	2_, 195	and that dec	th occurre	d at 2	P.M. from	the causes o	ind an the	e date stated above
ADDRESS (Street, city or town, state)							state)	DATE SIGNED	
ACTUAL SIGNATURE	TIL	20u	marthy	M.D.	25 Az	DER	SI		11/20/58
PHYSICIAN'S NAME (Type)	El. RA	Ima	PATHER		DAKI	AND	AD		
O. BURIAL, CREMATIC	ON. 22b. DATE THEREC	F	22c. NAME OF CEMETERY	OR CREMAT	20V	224 10047	ION (City to		(f)
REMOVAL (Specify Burial	11/93/1	958					ION (City, town, o		(Stote)
		1900		emete			cland,		
UNERAL DIRECTOR	SIGNATURE	-	ADDRESS		244	D BY REGISTION 2 4 '5	246. REGIS	STRAR'S SIGN	
1. 7 7	engun	on	Oakla	nd, M	C. DATE	U 4 4 4	u	mul s.	/ Claus



After this

A15C 1-55 10M -

VS

The botton

Reg. Dist. No.

12528 CERTIFICATE OF DEATH

1. PLACE OF DEATH	
I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY (SARET) MARYLAND	STATE MICH COUNTY GARREII
(Il outside corporate limits, write RURAL LENGTH OF STAY end give neerest town)	(if outside corporate limits, write RURAL and give nearest town)
TOWN FRIENDSVILLE all ut tele	X TOWN Freedowelle Mid
HOSPITAL OR INSTITUTION OR	STREET (If ruref give location)
STREET ADDRESS None	GEN-DEL.
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Year)
(Type or Print)	DEATH NOV- 22- 19 58
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	
RACE WIDOWED, DIVORCED, (Specify)	19 1899 / Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	COUNTRY?
Treus auge Stores Torres	111a. 115.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Grant Vavage	alwege Hund
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or deles of service)	17. INFORMANT & ADDRESS
710	Mrs June Thomas - Troudarield.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
	ONSET AND DEATH
159 X IMMEDIATE CAUSE (A) Cardioresper	atory failure
ANTECEDENT CAUSE(S) DUE TO	of the hower of I Tract
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	di marana i successione
STATING UNDERLYING CAUSE LAST.	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc.)	Pic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
2fd. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
M. et work et work	
22. I hereby certify that I attended the deceased from 11/21	1958, to 11/22, 1958, that I last saw the deceased
alive on	8.5 f.M, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, town, stete) DATE SIGNED
Sedro Civera M.O.	FRIENdsville, Md. 11-23-5
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR	
REMOVAL (SPECIFY)	Fe 1 in hel
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. JUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE NOV 2 8 '58 Cirthan S. Finns	Hale deliner martile place
DATE ISON -	// JI / OTHER MELLET - / / CULLETY STEE

1. . LEESE CERTIFICATE OF DEATH

VS A15 (4)

1SM 10/57

1					AND 529			TE OF DEA		-BAL	TIMOR		g. Dist. No	12
director filed with	M		PLACE OF DEATH	GARRETT		MAR	YLAND	2. USUAL RESIDENCE O. STATE		deceased	d lived. If is b. CO	LINITY	esidence befo	re admissi
be f				outside corporate limi	ts, write	c. LENGTH OF STA		c. CITY OR TOW	N (If outsi			vrite RURAL	ond give ne	arest town)
the fun	70		OR INSTITUTION	AL (If not in hospital, g		oddress)		d. STREET ADDR	ESS					o. IS RESI ON A YES
illed is			NAME OF DECEASED (Type or print)	ELLA C	st LaRIN	JDA	le	Lost SISK	4	DATE OF DEATH	NOVE	Month MBER	20	ry Y
completely filled papers. Pages 1			sex Cemale	White	7. MARE	RIED NEVER MARE		November]	15, 1	.882	9. AGE (In lost birth		NDER 1 YEAR	Hours
		100	during most of work	N (Give kind of work ing life, even if retired Wife	done 10b.	Own Home		TRY 11. BIRTHPLACE MARYI		foreign co	ountry)	1	2. CITIZEN C	
		13.	FATHER'S NAME JOH	n xxx hu	NT			14. MOTHER'S MAI			ES HO	GUE		
attending physicion please remove car		Ye		R IN U. S. ARMED FOR If yes, give wor or dates of s		SOCIAL SECURITY N		FORMANT ELIE O. CA	LLIS		Mt.	Address Lake	Parl	c, Mo
signed by the attendi permit. Then please				nmediate (W.	of for (a), (b), and (c)	dec	I Ho	ut	De.	zai	20	INT	ERVAL BET SET AND PA
physicio has been priol-trons	C	FICATION		ER SIGNIFICANT CON									PART 1(o)	P. WAS A PERFOR
his certificate use as the bu		MEDICAL CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour o. m.	CAUSE OF DEATH MEDICAL EXAMINER)	or 20d. II	NJURY OCCURRED Not while	20e. PLA	CE OF INJURY (Home lory, street, office bld	e, form,			в.)	(County)	

21. I certify that Lattended the deceased from

220. BURIAL, CREMATION, 226. DATE THEREOF

23. EUNERAL DIRECTOR'S SIGNATURE

Andrew E. Mance.

1958

22c. NAME OF CEMETERY OR CREMATORY

Oakland Cemetery

Oakland, Md.

ADDRESS

alive on

ACTUAL PHYSICIAN'S NAME (Type) 12528

e. IS RESIDENCE YES NO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

Park. Md. INTERVAL BETWEEN ONSET AND DEATH

GIVEN IN PART 1(0) 19. WAS AUTOPSY

PERFORMED?

Yeor

1958

tution: Residence before admission) GARRETT

20 IF UNDER 1 YEAR IF UNDER 24 HRS

YES NO T (County) (Stole) 19 SE, to 11/201 19 St that I last saw the deceased and that death occurred at 4:15AM, from the causes and on the date stated above. Oakland 22d. LOCATION (City, town, or county) (Stote) Oakland. Maryland. 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR arily S. Krass DATE OV 2 4 158

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VS. A15ME(5)

5M 9/55

	TS99 AMEDI	CAL EXAMINER	CERTIFICA	IE OF DEAT	Reg. Dist.	No.
PLACE OF DEATH	ett	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If I b. Co	Institution: Residence	The state of the s
ond si Oak I		1 day	c. CITY OR TOWN (I	f outside corporate limits, Swanton	write RURAL and give	nearest town)
d. NAME OF HOSPIT Garrett	at or institution (if not County Memo	in hospital, give street address) rial Hospital	7 Mi. S.	E. Swanton	, Md.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First John	William	TASKER		mber 2,	y Year 19 58
5. SEX Male	White wit	OOWED DIVORCED N	E. DATE OF BIRTH 188		yrs. IF UNDER TYEA	
Retiled	ON (Give kind of work done bill or Milliet S	oft Coal Mines	Maryland		U.S.	A .
13. FATHER'S NAME Richa:	rd Tasker		14. MOTHER'S MAIDEN Amy Pa			
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)				itzmille	r, Md.
	TH [Enter only one cause pe TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (o), (b), ond (c).] Intercranial hem	orrhage		O II	STERVAL BETWEEN NSET AND DEATH
Conditions, If o		Cereberal vascul	ar accident			24 hrs.
gove rise to immed (o), stoting the couse last.	underlying DUE TO (c)	Hypertension				years
CATE	Obesity	NS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM	MNALDISEASE CONDITION	GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
	JSE WAS NTRIBUTING 206. DE	SCRIBE HOW INJURY OCCURRED. (E	inter noture of injury in Pa	rt I or Port II of item 18.)		
20c. TIME OF INJUI	RY Month, Day, Year	20d. INJURY OCCURRED 20e. PLA While Not while of work	CE OF INJURY (Home, formory, street, office bldg., etc.	n, 20f. (City or town)	(County)	(Stote)
		the remains described abo	ve, held an Autaps cide, Homicide		↑ Inquiry f ed cause	and find the
ACTUAL SIGNATURE	me id.	Tente po	_M.D. CHIEF MEDICAL E			DATE SIGNED
EXAMINER'S Jan	mes H. Feaster	r, Jr., M. D. (ACT		_	1:	1-2-58
Bremoval (Specify)	1 /	22c. NAME OF CEMETERY OR Mt. Zion Ge		Garrett (wn, or county)	(Stote)
23. FUNERAL DIRECTOR	engtelon	ADDRESS Oakland,	24g REC		Carilly S. th	

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	notional famili	A MERGEN STREET	Arris talls
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	of the Rock		
			SERVICE CONTRACTOR
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IN LAND TO THE PARTY OF THE PAR		E KIVIV	The State of the S
		44	An annual Art of Artist
	COLUMN TO THE OWNER OF THE		
			THE RESERVE OF STREET, AND ASSESSMENT OF THE PARTY OF THE
			A SHAPE OF SHAPE
			THE PROPERTY CONTRACTOR OF THE STATE OF
the country of the control of the		MINISTER TO STATE OF THE STATE	
			医乳腺 医人名英西斯巴纳 医眼的细胞炎